



## **Application for a New Facility in the NeuroRecovery Network Community Fitness and Wellness Program**

### PURPOSE

The mission of the NeuroRecovery Network (NRN) Community Fitness and Wellness (CFW) Program is to provide support for the development of specialized facilities for individuals with spinal cord injury and other physical disabilities that deliver standardized activity-based strategies for fitness and wellness based on current scientific and clinical evidence. Initially, the CFW Program will focus on Locomotor Training, electrical stimulation with cycling, cardiovascular fitness and strength training interventions incorporated into a complete fitness and wellness program. This work is funded by Grant/Cooperative Agreement Number U10/CCU220379 between the Reeve Foundation and the Centers for Disease Control and Prevention.

There are currently five Facilities: Community Fitness and Wellness at Frazier Rehab Institute (Louisville, KY), Courage Center (Minneapolis, MN), Neuroworx (South Jordan, UT), NextStep Fitness (Lawndale, CA), and NextSteps Chicago (Willow Springs, IL). The Christopher & Dana Reeve Foundation intends to expand the number of NeuroRecovery Network Community Fitness and Wellness Facilities across the United States to consistently provide opportunities for exercise as well as activity-based interventions for individuals with disabilities.

The goals of the NeuroRecovery Network Community Fitness and Wellness Program are to:

1. Maximize the availability and quality of activity-based community fitness and wellness programs within a continuum of care provided to individuals with spinal cord injuries and other physical disabilities. An activity-based program incorporates specific exercise that, in part, targets activation of the neuromuscular system below the level of injury.
2. Provide quantitative measures of the response to the activity-based community fitness and wellness programs.
3. Maintain a comprehensive database that will include parameters such as fitness capacity; cardio-respiratory and strength outcomes, walking and cycling electrical stimulation measures as well as quality of life; and cost and revenues of the activity-based

community fitness and wellness programs for people with SCI and other physical disabilities.

4. Identify the optimal activity-based community fitness and wellness program for specific populations with SCI and other physical disabilities.
5. Provide training and support for personnel and technical and equipment resources needed provide activity-based fitness and wellness program on a routine basis to a maximum number of people in a community setting.

## ELIGIBILITY REQUIREMENTS

Applications for new NeuroRecovery Network Community Fitness and Wellness Facilities can be submitted by for-profit and non-profit organizations, both public and private, such as universities and fitness centers. Minorities, women, and persons with disabilities are encouraged to apply as Directors. Applications can only be submitted by Facilities located within the United States.

Funding is solely for development of the new NRN Facility and may not be used to supplement existing programs. Only one application from a Facility will be considered. Responsibility for the planning, direction, and execution of the proposed project will be solely that of the applicant.

## FUNDS AVAILABLE

An applicant may request a project period of up to three years and a budget for direct and indirect costs of up to \$100,000 for the 1<sup>st</sup> year and \$100,000 for the 2<sup>nd</sup> year and \$100,000 for the 3<sup>rd</sup> year. Partial awards may be provided for the first year depending on the date of the award relative to the annual NRN CFW program contract period as determined by the University of Louisville. Balances will be carried forward to the second year to accommodate this period. Awards pursuant to this application are contingent upon the availability of funds. Awards will be governed by subcontracts between the University of Louisville (lead Center) and each of the NeuroRecovery Network Community Fitness and Wellness Facilities, and continued funding will be dependent upon favorable year-end review by the NeuroRecovery Network Advisory Board.

## OVERALL OBJECTIVES

### BACKGROUND

Thousands of people in the United States suffer disabling neurologic injuries or diseases each year. Based on a recent survey of paralysis and SCI commissioned by the Reeve Foundation, over 5.5 million people live with some form of paralysis, defined by the study as a central nervous system disorder resulting in difficulty or inability to move the upper or lower limbs. Of those, more than 1.2 million are spinal cord injured.

Research indicates that these individuals can benefit from an individualized exercise program that integrates strength and aerobic fitness training, flexibility and walking training. Providing

this type of program for individuals with these types of disabilities requires a facility that is fully accessible, has specialized equipment, and maintains higher levels of staffing with people knowledgeable in providing activity-based interventions to this population. As a result, exercise facilities have been reluctant to make the investment necessary to provide these services.

NeuroRecovery Network Community Fitness and Wellness Facilities provide individuals with physical disabilities the opportunity to improve their health, fitness and mobility through regular exercise and activity-based interventions including Locomotor Training, the use of electrical stimulation cycling, strengthening, and cardiorespiratory training for individuals with spinal cord injuries. They are staffed by personal trainers and activity-based technicians who have training in providing these services to individuals with disabilities.

#### SPECIFIC OBJECTIVES OF THE NEURORECOVERY NETWORK COMMUNITY FITNESS AND WELLNESS PROGRAM

The objectives of the NeuroRecovery Network Community Fitness and Wellness Program are to:

1. Develop a Network of leading edge Community Fitness and Wellness Facilities within the community that provide activity-based fitness and wellness programs based on scientific evidence and provide a consistent level and quality of interventions across facilities. Initially, the NRN will focus on Locomotor Training, electrical stimulation with cycling, cardiovascular fitness and strength training interventions incorporated into a complete fitness and wellness program.
2. Train facility team members to provide the new activity-based interventions including the neurophysiological principles, manual skills, and progression guidelines needed to effectively provide these programs.
3. Maintain a comprehensive database to include data from all Community Fitness and Wellness Facilities of the NeuroRecovery Network on health, mobility, and quality of life outcomes, as well as financial parameters such as cost and revenue.
4. Define the ratio of outcomes (mobility, health, and quality of life) of intensive activity-based interventions to the financial cost for an individual with a given type and severity of sensorimotor dysfunction. Continually develop and implement strategies to optimize this ratio.
5. Address the unique procedural challenges that may limit affordable access to intensive activity-based fitness and wellness programs in the community for individuals with physical disabilities.

#### GENERAL REQUIREMENTS OF INDIVIDUAL FACILITIES

The NeuroRecovery Network Facilities Community Fitness and Wellness Facilities will:

1. Provide the most advanced activity-based programs designed to improve the fitness and health for people with SCI and other physical disabilities. Implement the procedures and

protocols recommended by the Network Directors that support the activity-based fitness and wellness programs.

2. Quantify each of these systems with validated quantitative measures available throughout all stages of activity-based fitness and wellness programs.
3. Provide a complete and updated record of required measures to a database maintained by the central coordinating data management Facility.
4. Document the full cost of administering activity-based fitness and wellness programs.
5. Maintain a staff that can properly evaluate client status, administer regular activity-based interventions, record all relevant data, and report in a computer database maintained at the lead Center.
6. Provide a supportive environment that will encourage open communication between the client, family and the facility staff to facilitate the application of potential evidence-based techniques for addressing client's specific needs.
7. Collaborate and share data with other Community Fitness and Wellness Facilities to continually assess and improve the NeuroRecovery Network.
8. NRN Directors, Administrators, Supervisors, Data Managers, Therapists and Activity-based Technicians attend the annual NeuroRecovery Network National Summit as required by the NeuroRecovery Network Community Fitness and Wellness Program Policy and Procedure Manual.

## SPECIFIC FACILITY REQUIREMENTS

Each NeuroRecovery Network Community Fitness and Wellness Facility shall provide the following:

1. Adequate space for providing fitness and wellness services and activity-based interventions and assessing people in an environment with the required equipment as outlined below, and for maintaining appropriate records and gathering and sharing data with the Network.
2. Closed loop-computer-controlled body weight support (BWS) system.
3. Treadmill that allows speeds from 0.5 – 10 mph, the option to resume at the most recent stepping speed, and change grades.
4. Seating system that includes ergonomically appropriate support design for staff safety and effectiveness of providing manual assistance during stepping of people on a treadmill.

5. Harnesses of various sizes that provide adequate support and allow proper hand placements for staff.
6. Restorative Therapies, Inc. Electrical Stimulation Upper and Lower Extremity seated cycling systems with the RT500 wireless electrodes and the interval training module
7. Electric Hi-Lo mat or mats of adjustable or varied heights for seated outcome measures, harness application and stretching.
8. Front and side mirrors that provide visual feedback of entire body for staff and client.
9. Area sufficient for overground walking training and testing.
10. Automatic blood pressure monitoring equipment, including a cardiac chair that manually can move clients to 90 degrees rapidly or mat that can quickly change position to a 90 degree hip/90 degree knee position for measuring orthostatic hypotension.
11. Digital video camera and software/hardware for computer downloads that are needed for monitoring client progression and facilitate training and standardization among facilities.
12. Internet access and accessible computer to staff and clients, preferably a portable or laptop computer for wireless data entry and reporting.
13. Cardiovascular/aerobic conditioning equipment for strengthening and endurance training. Recommended equipment includes, but is not limited to Versatrainer, Nustep, Saratoga Cycle, Recumbent Bikes, Wheelchair Roller, and VitaGlide Pro.
14. Strength and muscle development equipment to target all muscles groups for a full body workout. Recommended equipment includes, but is not limited to Uppertone Quad Gym, Adjustable Wall Pulley, Challenge Circuit 7000, Rickshaw Exerciser, Dual Cable Cross, adjustable weight bench, military/bench press with bar and disc weights.
15. Access to modified weight training gloves, cuffs, and hooks to enhance overall fitness performance and results.
16. Dynamic exercise equipment such as exercise balls, wedges, therabands, and free weights.

Each NeuroRecovery Network Community Fitness and Wellness Facility shall have individuals identified to meet the following roles and responsibilities:

1. Facility Director – Responsible for the overall operation of the Facility as required by the NeuroRecovery Network Community Fitness and Wellness Facility Governance and Policy and Procedure Manual. Interface with Facility personnel to ensure the coordination of all operations. Oversee all budgets, financial analysis, and expenditures related to the grant funding. Responsible for subcontracts, IRB and Informed consent process, and annual progress and financial reports to the Network Director.

2. Administrator – The roles and responsibilities may be performed by the Director, Facility Supervisor or other financial management personnel deemed appropriate by the individual facility. Manage the client pre-membership and membership process. Manage the Facility’s effective staffing, scheduling, and financial processes. Oversee all budgets, financial analysis, and expenditures related to the Facility operations.
3. Facility Supervisor – Certified Therapeutic Recreation Specialist, Physical Therapist, Occupational Therapist, Certified Athletic Trainer, or Rehabilitative Exercise Physiologist/Specialist to directly supervisor daily functions of the Community Fitness and Wellness Facility as required by the Governance and Facility Policies and Procedures Manual. Primary responsibility is to ensure effective and cost effective administration of activity-based interventions. Minimum of one Facility Supervisor (50%) dedicated when Program is implemented. Minimum of one individual with advanced skills in neurological disability and minimum of three years rehabilitation or activity-based intervention experience. Individuals must be able to function effectively with varied client populations, and perform outcome measures and database entry. Individuals must be willing to learn new concepts and skills with an intended commitment of a minimum of one year preferred.
4. Activity-Based Technician (ABT) – Minimum of four dedicated Certified Athletic Trainer, Rehabilitative Exercise Physiologist/Specialist or equivalent experience each commits 100% effort of 4 full time equivalents (FTEs). Alternatively, more than 4 FTEs can be dedicated ABTs as long as the total time is equal 4 FTEs. Individuals must be able to function effectively with varied client disability populations, provide exercise programs, activity-based interventions, and perform outcomes assessment and database entry. Individuals must be willing to learn new concepts and skills with an intended commitment of a minimum of one year preferred.
5. Database Manager – Person responsible for all aspects of data entry and transmission.

### Institutional Commitment

Each NeuroRecovery Network Community Fitness and Wellness Facility shall:

1. Develop with collaboration of the other Facilities the standardized model for the Community Fitness and Wellness programs.
2. Provide an annual minimum of 3,500 interventions for individuals with SCI. Interventions are defined as 75 minutes of locomotor training including 45 minutes of treadmill training and 30 minutes of overground sitting standing/walking practice based on the treadmill session. Electrical stimulation cycling interventions are 60 minutes. There is a minimum of 15 minutes of cardiovascular fitness and strengthening interventions include a preset number of exercises and repetitions. Interim evaluation and review will be conducted at approximate 6 month intervals, with the possibility that modifications will be needed based on the review results and consensus of the Network and Facility Directors.

3. Provide activity-based interventions and assess and report outcome measures as designated by the NeuroRecovery Network.
4. Provide access to computer systems and technical support for wireless data collection and transmission to the host server in Louisville.
5. Provide a budgetary mechanism to track cost and revenue information related to NeuroRecovery Network defined activity-based programs at the Facility.
6. Director to participate in weekly or monthly conference calls, for Directors and Supervisors and participate in monthly conference calls that are an integral part of the NRN operations. Directors and staff are to participate in monthly committee conference calls whose charge is to standardize and develop the CFW operations within the NRN.
8. Specified personnel to attend the three to five-day national summit held annually at the lead NRN center at the University of Louisville. New staff hired after onset of contractual period begins and after the national summit, are required to attend a regional training for locomotor training and other interventions organized by the NRN Centers every few months annually. NRN CFW facilities are responsible for expenses associated with travel to the training site, housing and other related incidentals.
9. A 1-2 day on-site training period by experienced trainers from the NRN is recommended that is funded from the first grant year budget including expenses associated with travel to the training site, housing and other related incidentals.
10. Provide regional trainings to enhance the dissemination of the NRN CFW mission and activities to the local community. Participants will learn the scientific basis, hands-on skills for providing locomotor training, electrical stimulation cycling and cardiovascular and strengthening regimens. Additionally, health, fitness and wellness program development and progression, and administrative and management strategies are all provided in a three and one-half day intense course.
11. Host site visits by the NeuroRecovery Network (NRN) evaluative team and participate in weekly reporting by video and electronic reports to NeuroRecovery Network evaluators for the purposes of accelerating the activities of the NRN CFW facilities.
12. Complete timely year-end report to the University of Louisville that includes a narrative of progress and final financial report.
13. Sustain the activities of the Network beyond the initial years of funding by the Reeve foundation for Facility development.
14. Request that all clients with SCI participate in a program evaluation which involves extracting data from the facility's records including information about exercise programs and from the periodic assessments by the facility staff, as well as facility financial information. The periodic assessments will include age, weight, time since injury, quality of life assessments, standardized neuromuscular and functional assessments, standard blood pressure and heart rate assessments, and results of the exercise program. This

program evaluation is characterized as human subject data collection , because we are requesting permission to enter outcomes data into a national database. As such, this requires client consent and signature of an approved forms that are centralized through the University of Louisville Institutional IRB consent and HIPPA forms for use of patient data must be submitted to the Reeve Foundation for each client who agrees to be a designated NRN client.

### Population Served

Individuals with a spinal cord injury or other physical disabilities will be served. Individuals of all ages will be served according to the operations guidelines of each facility. Individuals currently involved in rehabilitation programs will be eligible to independently join a Community Fitness and Wellness facility which provides the opportunity to enhance muscular strength, endurance and aerobic/cardiovascular condition.

### Major Facility Functions

1. Evaluation/assessment of individuals with SCI and other physical disabilities.
2. Development of a personalized exercise plan based on the individual's goals for activity-based interventions and fitness
3. Application and assessment of interventions utilized
4. Provision of system for members to track their progress
5. Resource/consultant for the community

### Provision of Services

1. The Community Fitness and Wellness program is not intended to take the place of inpatient or outpatient therapy.
2. All new members of a Community Fitness and Wellness Facility will receive an initial evaluation by the Facility director, supervisor, or activity-based technician prior to the initiation of activity-based interventions. Based upon the findings of the evaluation, fitness goals will be established and a specific activity-based program identified and discussed with the member.
3. All Community Fitness and Wellness facilities must offer a variety of packages to meet clients' needs and abilities, including:
  - a. Basic Membership—includes access to all equipment except Locomotor Training and electrical stimulation seated cycling
  - b. Activity-Based Membership Packages—to include Locomotor Training and electrical stimulation seated cycling

- c. Guided Exercise Package—includes sessions with a personal trainer or other exercise specialist
4. All members of a Community Fitness and Wellness Facility will be cleared by their physicians to participate in activity-based interventions and fitness programs. Physicians must sign off on a form that includes a detailed description (with pictures) of Locomotor Training and Cycling Electrical Stimulation. The form will have check boxes for LT, electrical stimulation seated cycling, seated exercises, and weight-bearing exercises.
5. Every member of the Community Fitness and Wellness facility will be re-evaluated every 90 days, and their plans updated as necessary.

### Hours of Operation

Each Community and Wellness Facility establishes days and hours of operation to best meet the needs of their clients.

### FUNDED ACTIVITIES

Budgetary support through this application may include:

1. Salary support for administrative services such as those performed by the director and/or administrative positions.
2. Purchase of required equipment to provide Locomotor Training and other activity-based interventions and to acquire health and quality of life outcome measures;
3. Cost of generating, maintaining and reporting data electronically.
4. Travel costs to yearly meetings and training sessions.

### LETTER OF INTENT

Prospective applicants are asked to submit a letter of intent that includes the title of this application, the name, address, and telephone number of the Facility Director, the identities of other key personnel, estimated project duration and budget, and confirmation of institutional support. This letter should also explain how the proposed activities of the Facility would relate to and enhance ongoing activities in your present facility (if applicable). Although a letter of intent is not binding, and does not enter into the review of a subsequent application, the information that it contains will allow Reeve Foundation staff to estimate the potential for eventual funding and the scope of the peer review requirements.

The letter of intent should be emailed to Susan Howley at [showley@christopherreeve.org](mailto:showley@christopherreeve.org). ***Deadline for receipt of the letter of intent is January 15, 2011.***

## APPLICATION SUBMISSION

All applications must be submitted to the Foundation in accordance with the guidelines below. Applications that do not adhere to these guidelines and objectives will be rejected without further review. ***Deadline for receipt of application is March 15, 2011.***

Applications are to be submitted in the following manner:

1. One hard copy must be sent to: Susan P. Howley, Director of Research, Christopher & Dana Reeve Foundation, 636 Morris Turnpike, Suite. 3A, Short Hills, NJ 07078

AND

2. An [on-line application](#) must be completed. This step transfers your information and a formatted PDF copy of your application to the Reeve Foundation research database for processing and archiving (the on-line application may be completed in multiple sessions).

Please follow these submission steps:

1. Download guidelines and [application](#) form.
2. Complete the application form and gather all supplemental material.
3. Use information contained in the completed application form to fill out the [on-line application](#) and upload a PDF version of your complete application. Applicants can visit Adobe® to learn more about PDF files.
4. Mail one hard copy of the formatted application to the address noted above.

## APPLICATION GUIDELINES AND FORMAT

### Page 1

1. Applicant Information
  - a) Facility Director – name, degree, title, host institution, mailing address, telephone/fax numbers, email address
2. Proposal Information
  - a) Application title - NeuroRecovery Network Community Fitness and Wellness Program
  - b) Project duration
  - c) Amount requested
3. Facility/Institutional Information
  - a) Contract officer – individual at host institution responsible for contract; include name, title, mailing address, telephone/fax numbers, email address
  - b) Fiscal officer – individual at host facility/institution responsible for fiscal reports; include name, title, mailing address, telephone/fax numbers, email address
  - c) Checks payable to – what entity?

- d) Mailing address for checks – individual and address to which payments should be mailed
- e) Facility/Institution’s legal name – necessary information for the contract governing the award

Page 2 (attach 2a if necessary)

1. Project Personnel – for each individual (including facility director, administrator, facility supervisor, activity-based technician and database manager – See Personnel, p.5), provide
  - a) full name, title, mailing address, telephone/fax numbers, email address
  - b) percent effort in the project
  - c) roles and responsibilities
  - d) one-paragraph description of experience.

Page 3 – Narrative

The narrative is limited to a maximum of 10 pages (suggested breakdown in parentheses below). Type size must be 12 point; margins must be at least ¾" with at least a 1" top margin. Full applications that do not adhere to these specifications will be administratively rejected.

The narrative should address the following:

1. Facility/Institutional Resources including the requirements listed under equipment and facilities (two pages, see Facility Requirements). Identify a plan to obtain required equipment if not currently available.
2. Billing infrastructure, illustrate how the NeuroRecovery Network Community Fitness and Wellness Facility will integrate with existing finance and billing departments - PAC, electronic network, etc. (2 pages)
3. Facility Environment. Including adequate and appropriate client populations with census from the immediate prior three years. Illustrate how facility operations will increase to full time operation, including staffing and client scheduling (2 pages).
4. Facility Plan Description. Describe the facility plan to develop, implement and maintain the NeuroRecovery Network Community Fitness and Wellness program at your facility. Include evidence of expertise in providing fitness services, particularly to clients with disabilities (three pages).
5. How the Facility will integrate into the surrounding community, providing access to its cutting edge exercise programs and activity-based interventions to people with disabilities (one page).

Appendices - Supporting Materials:

1. Budget – including financial resources provided by the applicant facility/institution (two pages).
2. Budget support (see page 9, Funded Activities) may be requested for personnel, equipment, training, travel and per diem, and other communications necessary for unfettered collaboration within the Network. Indirect costs (administrative fees of host institution) are limited to 10% of direct costs. Total costs (direct plus indirect) cannot exceed the maximum allowable award (two pages).
  - a. Salaries and fringe benefits may be requested for all facility personnel and should be consistent with host institution policies.
  - b. Detailed budget and justification must be presented for the entire requested project period.
  - c. Awards under this application are contingent upon the successful annual renewal of Grant/Cooperative Agreement Number U10/CCU220379-04
3. Biographical Sketches (maximum four pages per individual)
  - a. Submit a summary of the resume or curriculum vitae (using [NIH biographical format](#)) of the Director and key personnel. Resumes/CVs should be ordered beginning with the Director, and followed by the remaining key personnel in alphabetical order.
4. Letter of institutional commitment, if applicable (see Institutional Commitment, p. 6).
  - a. This letter must be signed by the senior administrator and must affirm the facility/institution’s commitment to the infrastructure, personnel, space, financial resources, and client population census necessary for a NeuroRecovery Network Community Fitness and Wellness facility, as defined in this application. Additionally, there must be a commitment on the part of the host institution to maintain the facility after the start-up support provided by the Christopher & Dana Reeve Foundation has ended.

## REVIEW CONSIDERATIONS

Upon receipt, applications will be administratively reviewed for completeness by the Reeve Foundation’s Director of Research. Incomplete and/or non-responsive applications will be returned to the applicant without further consideration. Applications that are complete and responsive to the application will be evaluated by external reviewers who will assign an evaluative priority score. Based on the applications and external reviews, NeuroRecovery Network Directors and consultants will provide written comments to the NeuroRecovery Network Advisory Board. Members of the Advisory Board will assess the applications, external reviews and comments submitted by the Network Directors and consultants, and will make their funding recommendations to the Reeve Foundation.

External reviewers will be asked to discuss the following aspects of the application in order to assess the likelihood that the applicant Facility will make a substantial contribution to achieving the application objectives. Review criteria include, but are not necessarily limited to, the following:

1. Evidence of administrative and facility leadership in fitness and wellness services including a history of researching and using innovative rehabilitation interventions.
2. Leadership in activity-based interventions and research-related activities.
3. Qualifications and strength of the facility team, including Director, Administrator, Facility Supervisor, and Activity-Based Technicians and their ability to provide leading-edge fitness and wellness exercises and interventions and assess the quality of those treatments in a comprehensive and effective manner.
4. Ability to conduct quantitative outcome measures for assessment of sensorimotor and autonomic function and quality of life.
5. Evidence of requisite client populations to ensure appropriate annual client enrollment for the Facility.
6. Adequacy of plans to provide interventions and fitness programs and capture and report data.
7. Evidence of computer and/or technical support and ability to maintain data reporting.
8. Appropriateness of budget requested.
9. Evidence of institutional support, including infrastructure, personnel, space and financial resources necessary for a Community Fitness and Wellness Facility of the NeuroRecovery Network, as defined in this application. Additionally, evidence of an institutional commitment to maintain the Facility after the start-up support provided by Reeve Foundation has ended.
10. Evidence of a marketing plan for the NeuroRecovery Network Community and Wellness Facility to the community.
11. Although not required, evidence of previous participation in providing activity-based interventions or collaborations and demonstrated successes, would provide a competitive edge to an application equal in all other respects to the other proposals under consideration.

## INQUIRIES

Inquiries concerning this application are encouraged and should be directed to Susan P. Howley, Director of Research, Christopher & Dana Reeve Foundation, 973-379-2690, Ext. #7113, or [showley@christopherreeve.org](mailto:showley@christopherreeve.org).

## HEALTHY PEOPLE 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010," a PHS-led national activity for setting priority areas. This application is related to one or more of the priority areas. Potential applicants may obtain "Healthy People 2010" at: <http://www.health.gov/healthypeople>.

## MEMBERS OF THE NEURORECOVERY NETWORK COMMUNITY FITNESS AND WELLNESS PROGRAM (as of August, 2010)

### NeuroRecovery Network Director

Susan Harkema, PhD  
Associate Professor, Department of Neurological Surgery, Owsley B. Frazier Chair in Neurological Rehabilitation, Rehabilitation Research Director, Kentucky Spinal Cord Injury Research Center, University of Louisville  
Research Director, Frazier Rehab Institute

### NeuroRecovery Network Co-Directors

Andrea L. Behrman, PhD, PT  
Associate Professor, Physical Therapy Department, University of Florida,  
Research Health Scientist, VA Brain Rehabilitation Research Center, M Randall VAMC

Sue Ann Sisto, PT, MA, PhD  
Professor, Physical Therapy  
Research Director, Rehabilitation Sciences Division,  
Stony Brook University, School of Health Technology and Management

Mary Schmidt Read, PT, DPT, MS  
Spinal Cord Injury Program Director and Research Coordinator  
Magee Rehabilitation  
Regional Spinal Cord Injury Center of the Delaware Valley  
Philadelphia, PA

### NeuroRecovery Network Community Fitness and Wellness Facilities

Community Fitness and Wellness at Frazier Rehab Institute, Louisville, KY  
Director, Karey McDowell

The Courage Center, Minneapolis, MN  
Director, Jeanne Olson

Neuroworx, South Jordan, UT  
Director, Dall Hull

NextStep Fitness, Lawndale, CA  
Director, Janne Kouri

NextSteps Chicago.  
Director, Jon O'Connor, Willow Springs, IL

NeuroRecovery Network Advisory Board

Chair: V. Reggie Edgerton, Ph.D., Departments of Physiological Science and Neurobiology,  
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Michael Fehlings, M.D., Ph.D., The Toronto Western Research Institute  
Andrei Krassioukov, M.D., Ph.D., ICORD, University of British Columbia  
Shelley Sorani, M.A., San Francisco, CA